MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03308

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Queenanne; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay; LENGTH OF STAY (In this place) 28yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queenanne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) I (Last) BROWN

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4/14/1868

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glassblower

10b. KIND OF BUSINESS OR INDUSTRY: Ret. 29 yrs.

11. BIRTHPLACE (State or foreign country): New Jersy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry W. Brown

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Mrs. Elva Brown Barclay Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Decompensation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Senility

422.2

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Hip -

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: No

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1952, to March 27, 1952, that I last saw the deceased alive on March 26, 1952, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M. Metcalfe M.D. ADDRESS Fruitvill, Md. DATE SIGNED 3/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE 3/31/52; NAME OF CEMETERY OR CREMATORY Baltimore; LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. March 29. 1952; REGISTRAR'S SIGNATURE R. W.

24. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore Md.

Henry F. Sander

03309

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH — COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown — LENGTH OF STAY (in this place): 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Melvin (Last) Cohey
4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: Jan. 9, 1952
9. AGE last birthday: ~~2½ mos.~~ — If under 1 year: Months 2½ Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Easton, Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Samuel Carroll Cohey
14. MOTHER'S MAIDEN NAME: Elsie Mae Quillen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mother Queenstown.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition

756.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Possible intestinal anomaly.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. One of a set of Triplets.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23, 1952, to Mar. 24, 1952, that I last saw the deceased alive on Mar. 23, 1952, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE: G. Wm. Martin, Jr. — (Degree or title): MD — ADDRESS: Queenstown, Md. — DATE SIGNED: 3/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 25-52 — NAME OF CEMETERY OR CREMATORY: Chesterfield — LOCATION (City, town, or county) (State): Centreville Maryland
DATE REC'D BY LOCAL REG.: Mar. 25-'52 — REGISTRAR'S SIGNATURE: Helen M. Aldridge — 24. FUNERAL DIRECTOR: Baston Bros — ADDRESS: Centreville Maryland.

151 (9) 2278403

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 28 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#3310

Reg. Dist. No. 251

(M)

— MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Queene Anne; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sudlersville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sudlersville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rosa	L.	Green	March	29	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	June 26-1878	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME: Samuel Rigby

14. MOTHER'S MAIDEN NAME: Laura Bewley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Mary Clough-Sudlersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilatation

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension + Arterial Sclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NO			m.		

22. I hereby certify that I attended the deceased from Feb 15, 1952, to March 28 1952 that I last saw the deceased alive on March 27, 1952 and that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C H Whitcraft	M.D.	Sudlersville, Md	3/31/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	April 1	Sudlersville	Sudlersville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-31	Edgar L. Lane	Edgar L. Lane	Church Hill Md.

VS. A15

RECEIVED
APR 28 1952
U. S.

03311

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~200~~ 251

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) (Last) LEGG

4. DATE OF DEATH (Month) March (Day) 14 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 30 1870

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME John Morris

14. MOTHER'S MAIDEN NAME Sarah Kirkull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. unknown

17. INFORMANT AND ADDRESS Sudler Legg Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterial Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility - Hypertension

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1952, to Jan 14, 1952, that I last saw the deceased alive on Jan 13, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE C H Whitcalf (Degree or title) MD ADDRESS Ridgeville Md DATE SIGNED 3/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/17/52

NAME OF CEMETERY OR CREMATORY Millington

LOCATION (City, town, or county) Millington (State) Md.

DATE REC'D BY LOCAL REG. 3/14/52

REGISTRAR'S SIGNATURE ~~Edward Fellows~~ Edgar L. Lane

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1

T

RECEIVED
APR 28 1982
BUREAU OF

03312

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Centreville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville, Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Nicholas (Middle) (Last) Little

4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 24, 1885

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months 3, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboner

10b. KIND OF BUSINESS OR INDUSTRY: farm work

11. BIRTHPLACE (State or foreign country): Grasonville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Little

14. MOTHER'S MAIDEN NAME: Mary Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Laura Little Centreville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Endocarditis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) same — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1952, to 3/23, 1952, that I last saw the deceased alive on 3/23, 1952, and that death occurred at 11:24 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Hayward T. Webb M.D Easton, Md. 3/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: April-1-52

NAME OF CEMETERY OR CREMATORY: Robinson A.M.E. Church

LOCATION (City, town, or county) (State): Grasonville Maryland

DATE REC'D BY LOCAL REG.: 4-1-52

REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR ADDRESS: John D. Williams, Easton, Md.

RECEIVED
APR 8. 1963
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gary (Middle) K. (Last) Lynch
4. DATE OF DEATH (Month) March (Day) 22 (Year) 1952
5. SEX male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH November 9, 1951
9. AGE last birthday — yrs. If under 1 year Months 4 Days 13 If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James A. Lynch
14. MOTHER'S MAIDEN NAME Queendolyn Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Queendolyn Lynch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Virus Pneumonia (Influenza)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Malnutrition (c) II Umbilical hernia

INTERVAL BETWEEN ONSET AND DEATH: March 21 1952; 2 Months; Since birth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 20, 1952, to March 22, 1952, that I last saw the deceased alive on March 21, 1952, and that death occurred at 6 30 p.m., from the causes and on the date stated above.

SIGNATURE Theodor Dattelmaier (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED March 22 1952

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF [illegible] | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. April 4-52 | REGISTRAR'S SIGNATURE Elizabeth Hoster | 24. FUNERAL DIRECTOR [illegible] | ADDRESS Cambridge Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200 — 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) WALTERS (Last) PAYNTER
4. DATE OF DEATH (Month) March (Day) 13 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 4, 1866
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Milk Plant Labor
10b. KIND OF BUSINESS OR INDUSTRY Raw Milk
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Walters Paynter
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lillie Paynter Sudlersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull from fall down stairs

? Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cutaneous sclerosis — myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Fall down stairs
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Sudlersville (COUNTY) Q.A. (STATE) Md
TIME OF INJURY (Month) March (Day) 13 (Year) 1952 (Hour) 6 A.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from Jan 12, 1952, to Mar 13, 1952, that I last saw the deceased alive on Mar 12, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D H Whitcomb M.D. ADDRESS Sudlersville Md DATE SIGNED 3/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 16 1952
NAME OF CEMETERY OR CREMATORY Sudlersville Cem.
LOCATION (City, town, or county) Sudlersville (State) Md
DATE REC'D BY LOCAL REG. 3/14/52
REGISTRAR'S SIGNATURE ~~Edward Fellows~~ Edgar L. Lane
24. FUNERAL DIRECTOR Edward Fellows Millington ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1952
BUREAU [illegible]

03315

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH — COUNTY: Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville — LENGTH OF STAY (In this place): 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural, give location): Kidwell Ave

3. NAME OF DECEASED (Type or Print): (First) HAROLD (Middle) E (Last) RINGGOLD
4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 21-1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Kent Island 2 A Co Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Ringgold
14. MOTHER'S MAIDEN NAME: Mary E. Nelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Milton Ringgold Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Vesicular disease of the heart

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950, to Mar 27, 1952 that I last saw the deceased alive on Mar 21, 1952, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE: A. B. McPherson (Degree or title) M.D. — ADDRESS: Centreville Md — DATE SIGNED: 3/24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 26-52 — NAME OF CEMETERY OR CREMATORY: Stevensville — LOCATION (City, town, or county) (State): Stevensville Md

DATE REC'D BY LOCAL REG.: 3-24-52 — REGISTRAR'S SIGNATURE: Elsie Armstrong — 24. FUNERAL DIRECTOR: Barton Bros — ADDRESS: Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 27 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03316

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
LENGTH OF STAY (in this place) Life Time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grason Ville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Harry (Last) Wilson
4. DATE OF DEATH (Month) March (Day) 14, (Year) 1952
5. SEX Male
6. COLOR OR RACE Negroe
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Unknown
9. AGE last birthday Approx 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Road Work
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Wilson
14. MOTHER'S MAIDEN NAME Emily Ann Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-18-6857
17. INFORMANT AND ADDRESS James Henry Wilson, Wye Mills, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to March, 1952, that I last saw the deceased alive on March 12, 1952, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE Fred P. Shepherd, M.D. (Degree or title) ADDRESS Queenstown, Md. DATE SIGNED 3/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-16-1952
NAME OF CEMETERY OR CREMATORY Robinson A. M.E. Church
LOCATION (City, town, or county) (State) Grasonville, Md.
DATE REC'D BY LOCAL REG. 3-15-1952
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR John D. Williams, Easton, Md. ADDRESS

RECEIVED
MAR 20 1952
BUREAU V. S.